

Familiar Faces Steering Committee

Meeting Summary

June 2, 2016, 9 a.m.-10:30 a.m., Conference Rooms 121-123, 401 5th Ave, Seattle

Members Present (see attached roster for full detail): Jason Bragg, Chris Cates, Elise Chayet (via phone), Lisa Daugaard, Willie Hayes, Betsy Jones, Andrew Kashyap, Anita Khandelwal, Jason Klein, Mikel Kowalczyk, Daniel Malone, Patty Noble-Desy, Bette Pine, Michele Plorde, Jim Pugel, Adrienne Quinn, Daniel Satterberg, Cindy Spain, Gail Stone, Donna Tucker, Natalie Walton-Anderson

Staff Present: Jesse Benet, Travis Erickson, Deb Srebnik

Welcome and Introductions

9:00 a.m.

Adrienne Quinn (Director, King County Department of Community and Human Services) welcomed the group and led a round of introductions.

White House Innovative Communities Initiative – Data-Driven Justice

9:10 a.m.

Adrienne Quinn, Community and Human Services Director, updated participants on the Data-Driven Justice Community meeting that will be held on June 13 at the White House, with the goal of elevating different good work being done across the country and encourage conversations in all jurisdictions. No agenda has been circulated yet. She and Jesse Benet, Diversion and Reentry Services Coordinator, will attend the meeting and report back to this group at the July meeting.

Familiar Faces Demonstration Project Updates

9:15 a.m.

Release Planning Care Coordination with Managed Care

Adrienne Quinn reported that United Healthcare (United) is beginning to work with Jail Health Services to do release planning/transitional care for common MCO clients. This is an effort to avoid what was previously happening when clients were being dropped from Medicaid, which lead to many individuals decompensating and recirculating through the jail and hospitals. Other Managed Care Organizations (MCOs) are interested in doing this work as well and are watching this pilot program develop with United.

Cindy Spain added that a recently hired clinical staff person is meeting clients at their appointments for unmet medical needs; it is helpful that this person is an RN because social workers would not have been able to attend the medical appointments with the clients.

Bette Pine noted one individual from Snohomish County who had an STD medical need was lost to the system until they were booked in the Kent Jail. There is potentially a need to involve Snohomish County Jails more in the work of care coordination from the King County jail; this can be discussed in the small break-out session later this morning. EPIC release planning is farther along.

Intensive Care Management Team

Jesse Benet reported that the workgroup has met at least four times and will bring the plan they have built consensus around to the July meeting, when more time will be devoted to this topic. June 13 is the date the actual work begins. Genevieve Rowe, Program Evaluator, is doing a two-and-a-half-day immersion training.

As part of the ICMT development, it was announced that Harborview Medical Center has hired a Registered Nurse Practitioner for the ICMT and that individual will be participating in the training on Motivational Interviewing next week.

Criminal Justice Team

The criminal justice workgroup, tasked with policy and coordination, has met and discussed diversion and reentry in break-out sessions. There will be a write-up on needed resources and policy impacts, including a possible presentation at the July 7th Steering Committee meeting on how warrants are processed and/or squashed. These materials will be sent to Familiar Faces Steering Committee participants a week before the next meeting.

Small Group / Break-out Sessions

9:40 a.m.

Adrienne Quinn introduced the break-out sessions, using the Familiar Faces Future State Vision v.1.6 map with “splats” (attached) to help guide discussion from planning to action.

A discussion on the remaining “gaps” in the future-state map evolved and Jesse Benet described the challenges facing the people cycling in and out of the jail and hospital systems: living on the streets, in shelter, or with family, experiencing mental health issues, chronic and acute health care issues, like hepatitis, and coming into contact with law enforcement or first responders. He stated that we were making referrals to treatment but these were not always clear to our clients; we were not making enough linkages and helping them get over barriers and through gates (for example, diagnostic criteria). He stated that REACH is meeting folks where they’re at; and its program is relationship based, and there is not a lot of gatekeeping. Referring to the splat map, Jesse pointed to the splats that the Steering Committee hasn’t got to yet – specifically, diversion ideas and co-location of services.

Lisa Daugaard urged the committee to be mindful of policy recently developed on the City of Seattle side (for example, sweeps of the homeless encampment in “The Jungle”) that is catastrophically at odds with [or has far reaching consequences in respect to] what the Steering Committee is planning and implementing. Lisa therefore urged more intentional and collective engagement with policy makers. Adrienne Quinn noted that the Seattle Police Department participates in the LEAD project and that there are politics involved, for example in the homeless people’s encampment on the King County Administrative Building Plaza, who were once part of The Jungle encampment.

A list of possible issues for small-group breakout discussions was developed, with the following:

- How can we effectively engage King County cities' policymakers? How to address policy barriers?
 - Judge Tucker advocated for including all King County cities in this effort given that 47% of identified Familiar Faces clients are King County jail / Seattle clients and 41% are clients within the South County Correctional Entity (SCORE) system. Jesse Benet referred to splat 11, spearheading work with cities regionally on traffic and parking violations as they intersect with Familiar Faces clients, and the importance of the current window of opportunity for focusing on homelessness regionally.
- Emergency Medical Services division (EMS) and policy roadblocks: EMS is working with Renton and Kent to find location to pilot the EMS/transportation/police program, but no location has been found yet.
- Managed Care Organizations (MCOs): next steps for reentry. This would bring in the healthcare piece of Familiar Faces and might overlap with the question of how to effectively engage King County cities.
- Diversion for police, jail, criminal justice systems, EMS, and Emergency Departments:
 - Dan Satterberg suggested this topic for large-group as well as small-group discussion, with a focus on defining what our major obstacles are currently and what we can do right now with what we've got.
- Outreach: how to organize and bring coherence to currently fragmented outreach.

The Steering Committee chose two topics for small break-out sessions at this meeting; notes below:

1. Next steps re: MCO-Re-entry planning

June/July

- Convene stakeholder meeting w/goal is to agree on process (Travis)
- Get CSRC background checks filled out by MCOs to tour jail (Bette/DAJD staff)
- Develop BAA (Bette and Travis)

July

- MCOs Tour jail – (Willie)
- Data: develop method for info sharing of booked individuals sorted by MCO (Deb)
- Involve Mike Stanfill and release planner (Bette)

August

- Train/educate jail staff (Willie)
- Policy action: develop procedure for timing release (Willie) Aug or sooner
- Identify space (Willie)

Q3 or Q4 2016

- MCO care coordinators see clients in jail

2. Next steps re: Diversion/Outreach

Barriers:

- Warrants/old cases hanging over their heads – need prosecutor to pros. contact to quash. Pilot with ICMT?
- How are care teams coordinated with legal/diversion?
- Mobile crisis team (MCT) – carriers with who can be accepted – accessing this info is a barrier - CJ exclusions - these barriers are a result of policy decisions made with MCT development – can be changed!
- Outstanding warrants 24 hrs – barrier to crisis solutions center: larger efforts to have warrant quashing (machine?). Can this be a process brought to scale? What about the court date that comes with warrant quashing? – may work for small ICMT (60) – learn from this small team
- Guideline? - to law enforcement on whether to arrest/book
- KCDC – GAOs guidance – not immunity

Resources needed:

- procedure where court is quashing (is there upstream solution?)
- Harm reduction training in CIT – Follow-up
- Legal coordination
- Prosecutor time: track all warrants and legal issues
- 24 hrs access
- Judge time: 24 hrs
- Public defense time
- Work with existing courts for therapeutic models
- PDA lawyers: civil/legal aid (LEAD legal services)
- Law enforcement: access to info – harm reduction

Resources – options:

- Different therapeutic court models
- Needs based

Next steps: 1400 people

- Harm reduction module embedded in CIT (one portal for law enforcement and fire and EMS)
- Discussion w/Judge Tucker and prosecutors to build capacity for all FFs to quash warrants – need to understand MOA process in now
- Opportunity now: budget time (next 2 weeks)
- Map capacity needs – pay increase to judges/pros “night shift differential”

- CSC/MCT: officer liaison (?) KCSO? - Dan
- DMHP: barriers to their system to explore
- Capacity conversation : meeting (Lisa D and J Pugel)

Meeting adjourned

10:30 a.m.

Next Meeting:

July 7, 2016, 9-10:30 a.m.

Chinook 1311/1312, 401 5th Ave, Seattle

Familiar Faces Steering Committee Membership

| Sector | Organization | Name |
|---|---|---|
| City of Seattle | Human Services Dept. | Jeff Sakuma |
| Community Mental Health Provider & Housing/Homelessness | Downtown Emergency Service Center | Daniel Malone |
| Courts | King County District Court | Presiding Judge Donna Tucker |
| Criminal Justice: Diversion | Public Defender Association | Lisa Daugaard/Andrew Kashyap |
| Criminal Justice: Prosecutors | King County Prosecutor's Office | Dan Satterberg Natalie Walton-Anderson |
| Familiar Faces Advisors | | Kimberly Mays Chris Cates Mikel Kowalczyk Jason Bragg |
| Hospital Systems | Harborview Medical Center | Elise Chayet |
| Housing | King County Housing and Community Development | Hedda McLendon |
| King County | Department of Community and Human Services | Adrienne Quinn Susan McLaughlin |
| | Executive's Office | Betsy Jones (HHS) Gail Stone (CJ) Patty Noble-Desy (RRR) |
| | Public Health-Seattle & King County | Patty Hayes Bette Pine (Jail Health) Michele Plorde (EMS) |
| | Department of Adult & Juvenile Detention | Willie Hayes |
| | Department of Public Defense | Anita Khandelwal |
| | Metropolitan King County Council | Councilmember Claudia Balducci |

| Sector | Organization | Name |
|--|-------------------------------------|-----------------------|
| Law Enforcement | King County Sheriff's Office | Jim Pugel |
| Medicaid Managed Care | Community Health Plan of Washington | Erin Hafer/Anna Simon |
| | United Healthcare | Cindy Spain |
| Primary Care | Healthcare for the Homeless | John Gilvar |
| Substance Use Disorder Treatment Provider/Outreach | Evergreen Treatment Centers- REACH | Chloe Gale |

Staff:

- Jesse Benet, Department of Community and Human Services (DCHS)
- Travis Erickson, Public Health-Seattle & King County
- Deb Srebnik, DCHS data lead
- Genevieve Rowe, DCHS data support for ICMT pilot

Familiar Faces Future State Vision v.1.6 DRAFT

LEGEND
 ED: Emergency Department
 EMS: Emergency Medical Services
 FF: Familiar Face
 ROI: Release of Information

Work to do
 Short term

1. Gain better understand FF population through deeper dive of existing data

2. Develop an integrated data system with "cloud" dashboard

13. Establish agreed upon portfolio of human services to be available virtually or in person at all Drop-In Campuses/Neighborhoods

6. Develop Mobile Client Outreach and Care Response (linked to Drop-in Campuses/Neighborhoods)

7. Recommend system for on demand access to housing

3. Develop a single care plan for FF w/ROI to accommodate information sharing

12. Develop Drop-in Campuses/ Neighborhoods available 24/7 and aligned with Outreach & Care Response Teams

5. Develop standard work for how care teams work with EDs and jails

8. Identify opportunities for benefits and funding reform

4. Define and develop Care Management Team (i.e., define Golden Thread and team)

14. Demonstration to test Golden Thread/ Care Team and jail linkages

11. Recommend policy improvements for law enforcement Pre-Arrest and Pre-Booking Diversion

9. Create common standards and processes for booking prevention, warrant quashing, and probation compliance

10. Recommend Behavioral Health court to Criminal Justice system

— Person Centered — Motivational Interviewing Methods — Trauma Informed — Harm Reduction — Evidence Based — Irrelevant of Payor

